

## VENDOR APPLICATION

CITY OF ALBANY, GEORGIA

RETURN TO:  
 CITY OF ALBANY, PROCUREMENT DIVISION  
 P.O. BOX 447  
 ALBANY, GA 31702  
 (P) 229-431-3211  
 (F) 229-431-2184  
 WEBSITE: [WWW.ALBANY.GA.US](http://WWW.ALBANY.GA.US)

### \*\*\*ADDRESS UPDATE\*\*\*

1. NAME OF BUSINESS	DATE OF THIS APPLICATION
2. COMPLETE STREET ADDRESS	PHONE NUMBER
3. COMPLETE MAILING ADDRESS	FAX NUMBER
4. WEBSITE	E-MAIL ADDRESS
5. PREVIOUS FIRM NAME (IF APPLICABLE)	PREVIOUS FIRM ADDRESS
6. REMIT ADDRESS (IF DIFFERENT)	

INDIVIDUAL    
  PARTNERSHIP    
  CORPORATION    
  OTHER \_\_\_\_\_

7. DISADVANTAGED BUSINESS CATEGORY

BLACK MALE    
  BLACK FEMALE    
  WHITE FEMALE    
  HISPANIC MALE    
  HISPANIC FEMALE  
 ASIAN MALE    
  ASIAN FEMALE    
  NATIVE AMERICAN MALE    
  NATIVE AMERICAN FEMALE

8. TYPE OF BUSINESS

CONSTRUCTION FIRM    
  AUTHORIZED DISTRIBUTOR    
  SURPLUS DEALER    
  JOBBER  
 SERVICE FIRM    
  RETAIL DEALER    
  MANUFACTURER    
  FACTORY REPRESENTATIVE

9. PRINCIPAL LINE OF BUSINESS (Please Describe)

10. FEDERAL TAX ID NUMBER	SOCIAL SECURITY NUMBER	*BUSINESS LICENSE NUMBER																																			
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11. NAME OF REPRESENTATIVES

(A) Inside Sales	Telephone/Ext.
(B) Account Rep.	Telephone/Ext.
(C) Service	Telephone/Ext.
(D) Accounting	Telephone/Ext.
(E) Owner	Telephone/Ext.

**\* Provide A Copy Of Your Current Business License**  
**\*\* Provide A Current W-9 Form To Make This Application Complete**